



5. MONITORING AND SITE VISITS

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Explanation of Volunteer Tennessee Monitoring Process

Q. Why is monitoring done?

A. OMB Circular A-133 - Audits of States, Local Governments, and Non-Profit Organizations (06/24/1997, includes revisions published in *Federal Register* 06/27/03)¹

- Policy 2013 - 007 "*Department of General Services Policy 2013 - 007, "Grant Management and Subrecipient Monitoring Policies and Procedures," was established effective May 28, 2013.*" National standards require states to monitor sub grantees to assure that Federal and state funds are used appropriately.²

Q. What are the objectives of monitoring?

A. Our purpose for monitoring is not to surprise you or look for findings but to provide you feedback to help you improve your program.

Monitoring objectives are:

- To obtain reasonable assurance that the agency is a going concern
- To assess the reliability of internal controls
- To verify that program objectives are being met
- To verify that civil rights requirements are being met
- To test the reliability of the financial and programmatic reporting
- To test if costs and service are allowable and eligible
- To verify compliance with the contract and grant requirements and regulations

Q. How are the contracts selected to be monitored each year?

A. Volunteer Tennessee uses a risk-based approach, along with input received from program managers to select grantees for monitoring.

Q. How frequently do the agencies get monitored?

In general, all agencies get monitored at least once in every three years. A program that was "high risk" last year and received a monitoring visit does not automatically mean that it will not be high risk the next program year. Programs can get monitored twice during the three year grant cycle.

Q. What is the process of scheduling monitoring visit?

- A. The monitoring visit is scheduled at least 30 days in advance. Once the dates are agreed upon, the information/lists of items needed for the monitoring review are emailed to the appropriate personnel.

Q. Can monitoring be rescheduled if unforeseen circumstances arise?

- A. Yes, please call the monitor at 615-869-9232 or email her at Neelam.Gupta@tn.gov. The monitor will try her best to accommodate to your schedule and expects the same from programs.

Q. When will the monitoring report be issued?

- A. Monitoring report will be issued within 30 business days from the last date of the required information received.

Q. When is the corrective action due and who receives it?

- A. A corrective action plan outlining strategies to correct findings is due no later than 15 business days from the date of the monitoring report to Jim Snell, Executive Director.



Most Common Findings Noted During FY 16-17 and FY 17-18

Findings	Possible Consequences	Corrective Action
The program does not keep a record of mid-term and end-of-term written performance evaluations.	If programs fail to comply with federal grant provisions, they could be subject to a range of consequences. Such consequences include suspension from eligibility for future grant awards.	Document requirements for regular review of member files to ensure all of the documentation is available. Verify implementation.
Enrollment forms and Exit forms for members were submitted late.	If programs fail to comply with federal grant provisions, they could be subject to a range of consequences including suspension from eligibility for future grant awards.	Develop protocols to ensure that you will be able to meet the requirements to enroll members into My AmeriCorps within 30 days of the start of service and exit them within 30 days of the last day of service.
The program does not adhere to its lunch policy regarding AmeriCorps members.	Programs can be held accountable for not following an agency's policy and member service hours can be impacted that are of critical importance in determining members' eligibility for education awards.	Incorporate internal controls that require supervisors to double check members' timesheets to ensure members follow the agency's lunch policy.
The program does not submit the required reports within the established timeframes.	If programs fail to comply with federal grant provisions, they could be subject to a range of consequences including suspension from eligibility for future grant awards.	Develop protocols to ensure that all required reports are submitted in a timely manner.
The program uses incorrect education award amount in member service agreements.	If programs fail to comply with federal grant provisions, they could be subject to a range of consequences including suspension from eligibility for future grant awards.	Develop protocols to ensure member service agreements include correct information including education award amounts. Verify implementation.
The program does not meet all of its program goals as stated in the contract	If programs fail to meet its program goals as stated in the contract, they could be subject to a range of consequences including suspension from eligibility for future grant awards.	Develop protocols to ensure that program meets its goals.

<p>Criminal History Checks The program does not conduct required background checks for members who would not turn 18 or older during their service term.</p>	<p>Auditors question costs based on the NSCHC Mitigation Matrix as stated National Service Criminal History Check Enforcement Guide, Effective April 1, 2017.</p>	<p>Establish written monitoring procedures to check files and ensure all programs/operating sites understand the background check requirements and develop written policies and procedures for conducting background checks.</p>
<p>The program does not conduct NSOPW check before members start their service.</p>	<p>Auditors question costs based on the NSCHC Mitigation Matrix as stated National Service Criminal History Check Enforcement Guide, Effective April 1, 2017.</p>	<p>Establish written monitoring procedures to check files and ensure all programs/operating sites understand the background check requirements and develop written policies and procedures for conducting background checks.</p>
<p>The program does not initiate state registry checks before members start their service.</p>	<p>Auditors question costs based on the NSCHC Mitigation Matrix as stated National Service Criminal History Check Enforcement Guide, Effective April 1, 2017.</p>	<p>Establish written monitoring procedures to check files and ensure all programs/operating sites understand the background check requirements and develop written policies and procedures for conducting background checks.</p>



Volunteer Tennessee Program Monitoring Response Guide

This guide is intended to help programs prepare responses to several common findings in monitoring reports. Look for the following symbols:

- ➡ Tips for Responding—These sections provide general guidance about preparing your response.
- ☑ Appropriate Program Responses—These are samples of responses that appropriately and fully address the finding.
- ☒ Inappropriate Program Response—These are samples of responses that do not address the finding.

If you have any questions as you develop your response, please contact your Program Manager.

Sample Findings

1. The agency did not have the required information in the AmeriCorps members' files. The following discrepancies were noted:
 - a. Members' contracts were not signed by the agency's staff in five (5) out of five (5) members' files reviewed
 - b. Member's contracts were not signed by the member in one (1) out of five (5) members' files reviewed
 - c. Complete member contract in one (1) of five (5) files reviewed
 - d. Written consent forms to release member information in publications in two (2) of five (5) members' files reviewed
 - e. Member enrollment forms in two (2) of five (5) members' files reviewed
 - f. Position Description was not included in three (3) of five (5) member contracts reviewed
 - g. Incorrect participation start and end dates in three (3) of five (5) member contracts reviewed
 - h. No end-of-term performance evaluations in three (3) of five (5) files reviewed
 - i. No mid-term performance evaluation in one (1) of five (5) files reviewed
 - j. Location of service activity was not included in five (5) of five (5) member contracts reviewed
 - k. Requirements under the Drug-Free Workplace Act were not included in five (5) of five (5) member contracts reviewed
 - l. Member Exit form in one (1) of five (5) files reviewed
 - m. No adequate documentation for awarding partial awards to one (1) out of five (5) member files reviewed

Attachment 5 of the contract states that the member files must contain the above information.

➡ Tips for Responding

The key to responding to findings about member file documentation is acknowledging that the error will be corrected both in existing files for current members (where possible) and in future member files.

For example, a program might respond to Finding 1.c. as follows: *The program director will review all current member files to ensure that written consent forms are present in all member files and, if forms are missing, will obtain consent forms from any members who are currently serving. The program director will also revise the member file documentation checklist to include the written consent form to ensure that forms are on file for all future members.*

In responding to Finding 1.k., a program should state that contracts for members who are currently serving will receive attachments to their current contracts including requirements under



the Drug-Free Workplace Act, and that the member contract template will be revised to include these requirements.

☒ **Appropriate Program Responses**

Finding 1.a. and 1.b.—In 2005, the program gave each member a copy of the contract for review and printed an “official” copy of each member’s contract. Unfortunately, both copies were printed identically on white paper. During member orientation, we confused some of these contracts in the member files. This year, we printed the member’s copy of the contract on colored paper to alleviate any confusion. In addition, the 2005 contract had two signature pages and the members were confused about signing the contract. We have changed the format of the signature pages to help with this confusion.

Finding 1.m.—The member’s file contained a memo describing the member’s medical condition. We have also obtained medical records from the member’s doctor and have added those records to the file. Copies of the file memo and the doctor’s statement will be faxed to Volunteer Tennessee as supporting documentation.

2. Members’ contracts did not include all the requirements specified by the AmeriCorps provisions. The following discrepancies were noted:

All “Prohibited Activities” as specified in the grant provisions were not included in five (5) of five (5) members’ contracts reviewed.

Attachment 5 of the contract states that the Grantee must require that members sign contracts that, at a minimum, stipulate the above information.

☒ **Appropriate Program Response**

Members were given a copy of the list of prohibited activities and these were discussed in member orientation. The prohibited activities were in the contract, but one activity was missing. We have created an addendum for the 2005-06 member contracts. Each member has read and signed this addendum and it has been placed in their files. We have revised the 2006-07 contract so that this information will be included in next year’s member contracts.

3. Member Enrollment and Exit Forms were submitted late. Several instances were noted where the agency did not submit required AmeriCorps documents within the established timeframe. See attachment for more details.

AmeriCorps Special Provision C.1. states that the within 30 calendar days of the member's starting service, the program must complete and approve the enrollment form in the Portal. AmeriCorps Special Provision IV.N.2. states that exit forms must be submitted in Portal no later than 30 days after a member exits the program or finishes his/her term of service.

☒ **Inappropriate Program Response**

All current members were enrolled and/or exited within 30 days in the Portal. Corresponding documentation has been placed in the member files.

☒ **Appropriate Program Response**

The program has implemented a new member enrollment and member exit procedure at each of the participating sites. This policy will increase the timeliness of site approval on member placement and member completion of final responsibilities. This will allow the program to enroll and exit members within the required 30 days. [Note: This procedure was not in place for the 2006-07 member enrollment process. Upon implementing the new procedures, all 2006-07



member exit and all 2007-08 member enrollment forms have been submitted within the required 30 days.]

4. One (1) half-time member received the education award without completing the required number of service hours. The reported hours were 907 hours; however, 878 hours were confirmed.

Attachment 5 of the contract states that members must complete the required number of hours to receive awards.

➡ Tips for Responding

For any finding that questions an education award, you should first state if you agree or disagree with the finding.

If you state that you disagree with the finding, you must provide documentation that the member did complete the required number of hours. Documentation could include copies of timesheets showing calculation errors or verification of additional service hours. If it has been less than one year since the member's start date, the program may offer the member the opportunity to complete additional service hours.

If you state that you agree with the finding and the member's one-year anniversary has passed, the member has no opportunity to fulfill the additional hours and Volunteer Tennessee considers this to be a compelling personal circumstance. In order for the member to receive a pro-rated education award:

- i. Your program manager will contact our National Service Trust Officer to request authorization to re-open the member's exit form in the Portal.
- ii. The Trust Officer will provide authorization to re-open the exit form and will notify the program manager if the member has accessed his/her education award.
- iii. The program director will provide the Trust Officer's authorization to re-open the exit form to the Portal Help Desk.
- iv. The program director will delete the exit form, correct the total number of hours, create a new exit form, and notify the program manager that the exit form has been saved.
- v. If the member has not used his/her entire education award, the program director will notify the member of the change in the amount of the education award. If the member has used his/her entire education award, the program must reimburse the Trust for the difference between the prorated amount and the amount drawn by the member.

Finally, you should describe systems established to ensure that member hours are reported and calculated accurately.

☒ Inappropriate Program Response

We have created new timesheets that have separate sections for the member's service hours, training hours, and allow space to document time for meals or other breaks.

☒ Appropriate Program Response—Agreeing with Finding

We agree with this finding. Because the member's one-year anniversary has passed, we will begin the process to re-open the exit form so that we can correct the hours.

☒ Appropriate Program Response—Disagreeing with Finding

We disagree with this finding. This member did complete and exceed the required number of service hours. This finding was due to calculation errors on individual timesheets. Attached are all of the member's timesheets highlighting where mathematical errors resulted in 15 hours not being counted. The half-time member was required to serve 900 hours to be eligible for the



education award; 907 hours were reported in the Portal, 18 hours were questioned, and 15 hours were served but not counted, so the total confirmed hours for this member are 904 (907-18+15=904).

5. Member hours reported on the Portal did not agree with member timesheets. The reported hours for two (2) out of five (5) members for sampled weeks did not match the hours reported on the Portal. See Attachment for more details.

Attachment 5 of the contract states that members must complete the required number of hours to receive awards.

☒ Inappropriate Program Response

All current member timesheets are checked for accuracy before being entered into the Portal. The members are given a copy of the timesheets to verify recorded time.

☒ Appropriate Program Response

We have developed a new electronic timesheet that automatically calculates time served on a daily, weekly, and monthly basis. This new timesheet will help ensure that hours are calculated correctly. We have also instituted a monthly file review process so the program director will compare each member's electronic timesheet to the time entered in the Portal.

6. Members' performance reviews did not focus on all the factors required by the AmeriCorps provisions. These performance reviews did not focus on the factor of whether the member has completed the required number of hours.

AmeriCorps provision 7g. Performance Reviews requires the Grantee to conduct mid-term and end-of-term written evaluation of each member's performance focusing on the above-mentioned factor.

☒ Appropriate Program Response

We have revised the performance review form to include a discussion of whether the member has completed the required number of hours. A copy of the new form is attached.

7. The program did not meet two of the performance measures as outlined in the contract. The following goals were not met:
 - a. AmeriCorps members tutored 176 referred students and thirty-seven percent of the children improved their grades instead of 300 referred students as specified in Objective #1 in Attachment 2 of the contract.
 - b. AmeriCorps members provided educational mentoring service to 188 students and only 34% of the students had reduction in truancy. Objective #2 specified that all the students who will receive educational mentoring would have a reduction in truancy.

☒ Appropriate Program Response

During the program year monitored, the agency brought on a new partner site. This site was an after-school program rather than a school-based site. Because the objectives had been written several months before the start of the program year with the expectation that all sites would be school-based, these objectives were not a good fit for the new partner agency's more limited schedule, but we tried to make them work. The agency should have requested a revision to the objectives when we realized that the objectives were not easily attainable with the limitations of



an after-school program. We have requested a modification to the objectives for the current year to make the objectives more realistic for the actual program we are administering.

8. The agency's financial management system does not identify costs by programmatic year. Expenditures attributable to last and present year's AmeriCorps grant and PDAT grant are accounted for in one cost center. Errors can occur in proper accounting of grants when expenditures related to various grants are not separated.

According to Attachment 3 General Provisions 4a. of the contract requires the Grantee to maintain a financial management system capable of distinguishing expenditures attributable to this Grant from expenditures not attributable to this Grant. This system must be able to identify costs by programmatic year and by budget category.

☒ **Appropriate Program Response**

The accounting system did not identify the AmeriCorps grant with a unique cost center. The system is set up to identify the grants, however each cost center is set up on a fiscal year (July 1 – June 30) basis. This caused one cost center to accumulate expenses for two separate grant periods because the AmeriCorps program is on a calendar year cycle. The fiscal department is manually setting up cost centers for the AmeriCorps contracts to correct this.

9. Public notice requirements were not met. The agency distributed a pamphlet related to the AmeriCorps Program; however, this pamphlet did not contain the language required by the contract.

Section D.10 of the contract requires that all public notice, pamphlets or similar materials released by the Grantee shall include the statement, "This project funded under an agreement with the State of Tennessee," and any such notice shall be approved by the State.

☒ **Appropriate Program Response**

The agency distributed several pamphlets to service sites with the AmeriCorps logo, but the pamphlets did not contain all of the language in section D.10. of the contract ("This project funded under an agreement with the State of Tennessee."). This statement has been added to all brochures and will be printed on all future publications.

10. Salaries and Wages charged directly to the Grant or charged to matching funds for three staff members were not supported by signed timesheets by employees. These timesheets were also not approved by supervisors.

According to Section 4 c. of Attachment 3 of the contract, "Salaries and Wages charged directly to the Grant or charged to matching funds must be supported by signed time and attendance records for each individual employee regardless of position, and by documented payrolls approved by a responsible official of the Grantee..."

☒ **Inappropriate Program Response**

All timesheets have now been corrected to show supervisor's signature.

☒ **Appropriate Program Response**

Previously, timesheets were occasionally forwarded to the finance department without signatures in order to meet payroll deadlines. All timesheets now must be submitted directly to the employee's supervisor for review and signature before being forwarded to the finance department. Supervisors will not accept timesheets that are not signed by the employee.



11. Time and attendance records did not show the time distribution data for two employees who worked on more than one program or function. Salary expense for Program Director and Administrative Specialist was partially charged to the matching funds and to the Grant.

Attachment 5 of the contract states that salaries and wages charged directly to the Grant or charged to matching funds must be supported by signed time and attendance records for each individual employee regardless of position, and by documented payrolls approved by a responsible official of the Grantee. Also time and attendance records for each individual employee must show appropriate distribution of the individual's time to the different programs or functions.

☒ Appropriate Program Response

The agency's personnel files reflect the amount of time each employee is to spend on each program and these costs are equitably distributed at each pay period. The employee timesheets did not show the distribution because these were automatically calculated based on the personnel/payroll distribution. All employees must now use timesheets to track hours worked, and we will maintain appropriate documentation showing time distribution.

12. Financial Status Report for the quarter ended 6/30/06 was not submitted within the established timeframe. Our testing revealed that the agency did not comply with the submission deadline set by Volunteer Tennessee for the above mentioned financial status report. This report was due on 7/17/06; however, it was submitted to Volunteer Tennessee on 7/21/06.

AmeriCorps Grant Provision N.1. Financial Status and Progress Reports requires the sub grantees to comply with the reporting requirements set by their grantees.

☒ Appropriate Program Response

During the last program year, reporting requirements for different grants and contracts were tracked separately. We have since implemented a combined calendar to track all reporting requirements and assure timely report submissions in the future.

13. AmeriCorps recruitment material and application forms did not include information on civil rights requirements. Also personnel policies and procedures manual included partial statement of Civil Rights requirements.

AmeriCorps General Provision F.3. states that the Grantee must notify the program staff, and the public in recruitment material and application forms that it operates its program subject to nondiscrimination requirements.

☒ Appropriate Program Response

The agency has added a civil rights statement to all recruitment materials and application forms. The agency has also revised the personnel policies and procedures manual to include the full civil rights statement. The text of this statement is noted below.

14. Travel claims were not always mathematically accurate and were not always approved by the supervisor. Our review of sampled travel related transactions revealed the following discrepancies:
 - a. For one (1) member, seven (7) travel claims were not approved by the supervisor.
 - b. For one (1) member, travel claims for the months January through November 2005 were approved in December 2005.



- c. Two (2) travel claims were mathematically inaccurate. Questioned cost \$87.48. See Detailed Schedule of Questioned costs for more details.
 - d. Expenditures related to PDAT grant were erroneously charged to AmeriCorps grant. Questioned cost \$213.76. See Detailed Schedule of Questioned costs for more details.
- Paragraph C.5 of the contract requires that reimbursement to Grantee for travel, meals, or lodging shall be in the amount of actual costs, subject to maximum amounts and limitations specified in the "State Comprehensive Travel Regulations".

As a result of this deficiency, we have questioned total costs of \$301.24.

➡ **Tips for Responding**

For any finding that questions costs, you should first state if you agree or disagree with the finding.

If you disagree with the finding, you must provide documentation relating to the cost, such as copies of travel claims showing calculation errors or additional source documentation (e.g., receipts or canceled checks).

If you agree with the finding, you will need to refund the amount questioned and create a new PER and final FSR noting the adjustment.

Finally, you should describe systems established to ensure that travel claims are processed correctly in the future.

☒ **Inappropriate Program Response**

A system has been devised for processing travel claims. All members must submit their travel reimbursement forms monthly, the expense is calculated based on the 1/3 and 2/3 split by the supervisor before it is submitted for disbursement.

☒ **Appropriate Program Response**

We agree with this finding. We have established an additional level of financial review to ensure that travel claims are calculated accurately, and travel claims will not be processed without a supervisor's signature. We will refund the questioned costs of \$301.24.

15. The agency reported salary and supply expenditures incurred prior to the commencement of the contract. Our review of this agency's sampled periodic expense reports (PER) revealed the following discrepancies:
- a. The agency reported \$5,541.22 of personnel expenses and \$3,414.63 of personnel fringe benefits on the PER for the period 08/28/04 through 09/30/04. This amount included the personnel expenses of \$4,580.04, including all related payroll taxes and employee benefits for the month of July 2004. This period was not within the specified period of the contract. (See Schedule of Detailed Questioned Costs)
 - b. Amount totaling \$1,149.15 was reported as supplies on the PER for the period 08/28/04 through 09/30/04. This amount was comprised of \$362.98 of in-kind expenditures and \$786.17 of cash expenditures. Out of \$786.17 of cash expenditures, \$261.13 of expenditures was for the month of July 2004. (See Schedule of Detailed Questioned Costs)

According to Provision B1 Grant Term of the contract, "This Grant shall be effective for the period commencing on August 1, 2004 and ending on December 31, 2005. The State shall have no obligation for services rendered by the Grantee which are not performed within the specified period."



☒ Appropriate Program Response

We agree that these funds should have been charged to the previous year's contract. We request that these funds be charged to the 2003-04 contract period, which had adequate funding remaining to support these costs. Attached is a revised FSR for the 2003-04 contract period. Additionally, the next 2005-05 FSR will be revised to remove the questioned costs.

16. The agency over reported travel expenses for the AmeriCorps grant. The agency reported staff travel costs totaling \$2,259.82 on the periodic expense report for the quarter ended 03/31/05 of which \$1,343.79 was related to the PDAT Grant, and was reported to Volunteer Tennessee on the PDAT invoice.

According to Provision C.3.Payment Methodology of the contract, "The Grantee shall be compensated for actual, reasonable, and necessary costs based upon the Grant Budget..."

As a result, we questioned the expenses of \$1,343.79.

☒ Appropriate Program Response

We agree with this finding. These expenses have already been deducted from the most recent AmeriCorps PER and the records are now accurate. We have since implemented better internal controls for identifying which expenditures should be charged to the AmeriCorps grant and which should be charged to the PDAT grant. We will refund the questioned costs of \$1,343.79.

17. The agency overcharged Volunteer Tennessee for members' health care costs. The Grantee reported a total of \$16,149.40 as Year to Date Expenses for health care costs for members to the Grant and to the match on the periodic expense report for the period 01/01/07 – 03/31/07; however, we verified \$11,181.80 as health care costs for members.

According to C.3 Payment Methodology of the contract, "The Grantee shall be compensated for actual, reasonable, and necessary costs based upon the Grant Budget..."

As a result, we questioned the amount charged to Volunteer Tennessee beyond the actual expenses. (See Detailed Schedule of Questioned Costs).

☒ Appropriate Program Response

We agree with this finding. We have established a new system to reconcile and report health care costs. We will create a new PER and FSR to note the adjustment and will refund the questioned costs of \$4,967.60.



Sample AmeriCorps Program Corrective Action Plan

November 5, 2010

Dear Mr. Snell:

Below is the Sample AmeriCorps Program corrective action plan in response to the monitoring report issued on October 15, 2010. We hope that this will sufficiently resolve the monitoring, but please contact me if you have any questions or concerns.

Sincerely,
Host ED

Observations: Contract# 12345

Observation 1: Our review of sampled members' timesheets revealed that two members did not serve for a long period of time during their service term or served very few hours in several months but completed the required number of service hours during their whole term and received the full living allowance and an education award. Position descriptions included in the member contracts specify approximate number of hours required per week for each type of member; however, the members did not always complete the hours as specified in their position descriptions. If the member misses too many hours for a long period of time, the members should be suspended during the illness or absence. The member would not receive the living allowance or other benefits during the "suspension".

For example, one member completed 1730 service hours in total and served only 10.5 hours during the last two months of her service; this implies that she completed the required service hours two months before her originally agreed upon term; however, she stayed in the program and received living allowance during these two months. The living allowance is designed to help members while serving the community; however, this scenario reflects that this member completed service hours on an abbreviated schedule and provided very little service to the site during the last two months but received the living allowance. This member either should have been in an active service or should have exited the program after completing the required service hours.

Response: The position description specifies the approximate hours required per week for the member to stay on track and complete the required service hours. The actual number of hours per week will vary based on site service activities. Members are required to serve more hours during certain times of the year based on service activities and responsibilities at the site. Members are required to fulfill responsibilities at the site and to provide follow-up in addition to attending program meetings and training sessions. Sites verify the members are "actively" serving based on service responsibilities at the site during that period of time.

Corrective Action: The Sample AmeriCorps program has added "active service verification statements" to the timesheets. These timesheets are signed by the member, the site supervisor, and AmeriCorps program staff.

Findings: Contract# 12345



1. **Two (2) members received the education award without completing the required number of service hours.**

- The agency reported 1700 hours of service for one full-time member (member A); however, we verified 1680.5 hours of service for this member. This full time member was required to complete 1700 hours of service to be eligible for an education award.
- For another half time member (member B), the agency reported 900 hours of service, we verified 890 hours of service for this member. This half-time member was required to complete 900 hours of service to be eligible for an education award.

Attachment 5 of the contract states that members must complete the required number of hours to receive awards.

Corrective Action:

We have contacted the National Service Trust and corrected the hours for these two members. Member A had not yet accessed the education award, so the education award was adjusted. Member B had already used the entire education award, so we repaid the National Service Trust the \$31 difference between the full award of \$2,775 and the \$2,744 award based on 890 hours.

In the future, member hours will be transferred to an excel spreadsheet at the end of each pay period. Periodic "file checks" will also be completed to identify timesheet and reporting errors.

2. **Members' time and attendance records were not maintained properly. The following summarizes the discrepancies noted during the monitoring review:**

- a) For two (3) out of seven (8) sampled members, it was noted that service hours as indicated on their timesheets for sampled periods were mathematically inaccurate.
- b) AmeriCorps members did not follow the lunch policy consistently. Several members served 8 hours plus on several occasions and there was no indication on the timesheet that it was a working lunch.

AmeriCorps Special Provision C 4 states that the grantee is required to ensure that time and attendance recordkeeping is conducted by the individual who supervises the AmeriCorps member. This time and attendance record is used to document member eligibility for in-service and post-service benefits. Time and attendance records must be signed and dated both by the member and by an individual with oversight responsibilities for the member.

Corrective Action: In the future, member hours will be transferred to an Excel spreadsheet at the end of each pay period. Periodic "file checks" will also be completed to identify timesheet and reporting errors. The Sample AmeriCorps program will also increase the amount of time spent on time sheets during member orientation and have periodic reviews of time sheet policies during monthly member meetings.

3. **The required AmeriCorps member related forms were not submitted within the established timeframes.** We noted late submissions of Member Enrollment Forms, Member Exit forms.

AmeriCorps Special Provision C 1 states that the grantee must notify the Corporation's National Service Trust within 30 days of a member's selection for, completion of, suspension from, or release from, a term of service.



Response: Slow site and member submission of enrollment and exit paperwork delayed the approval of enrollments and exits during this program year.

Corrective Action: To ensure compliance with the 30 day time limit for enrollment and exit forms, the Sample AmeriCorps program director will add electronic calendar reminders each time a member is enrolled and exited. The program director will also conduct a policy review session with each site supervisor and stress the importance of timely submission of member forms.

4. **The Sample AmeriCorps program overcharged Volunteer Tennessee for living allowance and FICA costs for members.** As a result of this discrepancy, we questioned cost amounting to \$4,653.28.

Corrective Action: We agree with this finding. Enclosed is a refund check for \$4,653.28. In the future, the Sample AmeriCorps program will closely monitor and compare the total living allowance paid to each member against the budgeted living allowance.

5. **Staff Travel Cost totaling \$500.60 was erroneously reported as Member travel costs on the sampled periodic expense report for the quarter ended 3/31/09.**

Provision C.5a Invoice Requirements of the contract states that each invoice shall clearly and accurately detail the following required information.

Response / Corrective Action:

We agree with this finding. The \$500.60 has been moved to the Staff Travel line. Enclosed is a budget revision request to move unspent supplies funds to the Staff Travel line to cover these unanticipated costs. In the future, the Sample AmeriCorps program's host agency Executive Director will conduct periodic reviews of the actual expenses for the program in comparison to budgeted expenses. The Financial Director will also communicate with the program director when a line item has reached 90% of the budgeted amount. We will initiate future budget revision requests as soon as we determine that unanticipated costs necessitate one.

AMERICORPS PROGRAM REVIEW INSTRUMENT

for

Pre-Review, Site Visit, and Post Site Visit

There are five modules contained within this review instrument. These are arranged according to subject matter as well as sequence:

- MODULE A: Reporting and Communicating and Early Issue Identification
- MODULE B: Member Documentation
- MODULE C: Financial Review
- MODULE D: Program Management Review
- MODULE E: Program Effectiveness Review

In order to effectively use this tool, those performing the monitoring need to be familiar with AmeriCorps laws and regulations. To facilitate this understanding, items throughout are referenced to the source of the requirement:

Pr=AmeriCorps Provisions

GPG=Grants Policy Guidance

OMB=OMB Circular

COVER SHEET FOR MONITORING AND REVIEW DOCUMENTS

Please staple cover sheet onto any evaluation documents that require identification.

1. Program Name and I.D.:	2. Name(s) of person(s) providing information:
---------------------------	--

3. Name and title of person(s) completing this form:	4. Date(s):	5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment
--	-------------	--

Based on our risk management strategy, this review will encompass the following modules of the Program Review Instrument:

Additional Comments:

MODULE A:
REPORTING AND COMMUNICATING
AND
EARLY ISSUE IDENTIFICATION
Pre-Review

- I. Reporting and Communicating**
 - Pre-Site Items (using WBRS data)
 - Site Visit Items
- II. Early Issue Identification (Site Visit)**

Module A: Reporting and Communicating, Early Issue Identification

Instructions

For Self-Assessment:

1. The program director or other senior staff should complete this form.
2. Complete this form based on knowledge of the program's reporting and overall progress.

For Outside Reviewer:

1. Complete this form periodically, as appropriate.

Background Information

1. Commission Name:		2. Name(s) of person(s) providing information:							
3. Name and title of person(s) completing this form:		4. Date(s):	5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment						
6. This form contains information collected from interviewing, conversing with and/or observing: <table border="0"> <tr> <td><input type="checkbox"/> Board Member(s)</td> <td><input type="checkbox"/> Member(s)</td> </tr> <tr> <td><input type="checkbox"/> Member supervisor(s) from partner organization(s)</td> <td><input type="checkbox"/> Program staff</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other stakeholder(s):</td> </tr> </table>				<input type="checkbox"/> Board Member(s)	<input type="checkbox"/> Member(s)	<input type="checkbox"/> Member supervisor(s) from partner organization(s)	<input type="checkbox"/> Program staff	<input type="checkbox"/> Other stakeholder(s):	
<input type="checkbox"/> Board Member(s)	<input type="checkbox"/> Member(s)								
<input type="checkbox"/> Member supervisor(s) from partner organization(s)	<input type="checkbox"/> Program staff								
<input type="checkbox"/> Other stakeholder(s):									

I. Reporting and Communicating

Does the program	Yes	No	Comments	AmeriCorps Provision
a. Submit accurate member enrollment forms within 30 days of enrollment? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.E.2., IV.C.1., IV.J., IV.L.1., IV.N.2.a.
b. Submit accurate Change of Status forms within 30 days of change? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.E.2., IV.F.3., IV.J., IV.L.1., IV.N.2.b.
c. Submit Progress Reports when they are due? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.N.1
d. Produce Automated Progress Reports (APR) that provide all required information? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.N.1
e. Submit FSRs in a timely manner? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.N.1
f. Produce accurate and otherwise acceptable FSRs? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		V.A.1., VC
g. Show on FSRs that program is meeting match requirements? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.K.
h. Are member time sheets up to date and signed by appropriate members and supervisors? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		
i. Have A-133 audits performed annually (if required) and cooperate with follow-up process?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.3.
j. Notify Commission and CNCS prior to significant budgetary or programmatic changes?	<input type="checkbox"/>	<input type="checkbox"/>		IV.M., V.A.2.
k. Respond in a timely manner to inquiries from the Commission?	<input type="checkbox"/>	<input type="checkbox"/>		
l. Address issues promptly?	<input type="checkbox"/>	<input type="checkbox"/>		

II. Early Issue Identification

- a. When asked, does the program report any difficulties not noted in Pre-Site Visit Review?

- b. Has on-going monitoring indicated any issues not listed above?

MODULE B:
MEMBER DOCUMENTATION
On-Site Review

- I. Member Documentation**
- II. Benefits and Coverage**
- III. Follow-Up and Support**

Module B: Member Documentation On-Site Review

Instructions

For Self-Assessment:

1. The program director or other senior staff should complete this form.
2. Complete this form based on knowledge of the program's operations, or follow steps, below, for a formal files review.

For Outside Reviewer:

1. To complete Section I, select representative members from a complete list of members.
2. Do not let the program select the members. Review selected member file(s) for the items listed. If you detect issues, you may want to increase the number of files checked. Review as many files as you need to get a good handle on the completeness and accuracy of the files.
3. Review program files for items listed in Section II.
4. If you would like to streamline the process, select every second or third item in Sections I and II. Note which items you did not review by checking the appropriate box. Again, if you detect issues, you may want to increase the number of items you review.
5. Ask the program director the questions in Section III and complete section.

Background Information

1. Commission Name:	2. Name(s) of person(s) providing information:
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3. Name and title of person(s) completing this form:	4. Date(s):	5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment
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6. This form contains information collected from interviewing, conversing with and/or observing:	
<input type="checkbox"/> Board Member(s)	<input type="checkbox"/> Member(s)
<input type="checkbox"/> Member supervisor(s) from partner organization(s)	<input type="checkbox"/> Program staff
<input type="checkbox"/> Other stakeholder(s):	

7. Member documentation in files (last program year and current program year, if applicable):

Number in sample of reviewed member files (if self-assessment and not based on sample, skip this question).

Last Program Year: _____ This Program Year: _____

Obtain roster of members with start/end dates and attach to this Module. (WBRs)

I. Member Documentation

See attached “Documentation Required for Each AmeriCorps Member File”.

II. Benefits and Coverage

Does the program have accurate and up-to-date documentation showing		Yes	No	Comments	AmeriCorps Provision
a.	Child care made available to eligible members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.6., IV.F.4, IV.N.3.
b.	FICA coverage for members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.3.b.
c.	Family and medical leave coverage for members are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.8.
d.	Do Grievance Procedures and Binding Arbitration meet the Standards?	<input type="checkbox"/>	<input type="checkbox"/>		
e.	Health care coverage for eligible members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.5.
f.	Liability insurance that properly covers members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.3.a.
g.	Workers Compensation or other liability coverage for members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.4.

III. Follow-Up and Support (ask program staff questions below)

1. Is there anything about member documentation requirements that is confusing to you? Do you need more information or support to comply in this area?

2. Is there anything that the State Commission could do better or differently to support you in meeting your member documentation requirements

Additional Comments:

MODULE C:
FINANCIAL REVIEW
On-Site Visit

- I. Financial Systems**
- II. State Specific Financial Requirements**
- III. Follow-Up & Support**

Module C: Financial Review

Instructions

Note: The individual(s) completing this form should be familiar with the AmeriCorps financial grant requirements, standard accounting practices, internal control and cost allocation procedures, and financial management systems in general. In order to facilitate review of such requirements, specific AmeriCorps provisions or other sources are referenced for some topics.

For Self-Assessment:

1. The financial officer or other senior staff familiar with the program's financial procedures should complete this form.
2. Complete this form based on knowledge of the program's financial operations, or follow steps, below, for a formal spot check.

For Outside Reviewer:

1. To complete Section I, ask program staff to show you their procedures. For example, under “Accurately document and track cash and in-kind contributions” (I a), you could ask to see documentation, for example, for the office space that a community partner told you they donated. Ask for as many examples you feel you need to accurately assess their procedures.
3. If you would like to streamline the process, select every second or third item in Section I. Note which items you did not review by checking the appropriate box. If you decide to sample items and detect problems, you may want to increase the number of items you review. Please note that if you detect problems, you will probably want to review all items.
4. Ask the program director the questions in Section I and complete section.

Background Information

1. Commission Name:	2. Name(s) of person(s) providing information:
3. Name and title of person(s) completing this form:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">4. Date(s):</div> <div style="width: 45%;">5. Type of assessment</div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment </div>
6. This form contains information collected from interviewing, conversing with and/or observing: <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"><input type="checkbox"/> Board Member(s)</div> <div style="width: 50%;"><input type="checkbox"/> Member(s)</div> <div style="width: 50%;"><input type="checkbox"/> Member supervisor(s) from partner organization(s)</div> <div style="width: 50%;"><input type="checkbox"/> Program staff</div> <div style="width: 50%;"><input type="checkbox"/> Other stakeholder(s):</div> </div>	

I. Financial Systems

Does the program	Yes	No	Comments	AmeriCorps Provision
a. Follow standard accounting principles?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
b. Have internal controls and a clear audit trail?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
c. Have written cost allocation procedures?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
d. Sign and indicate payment on invoices and vouchers?	<input type="checkbox"/>	<input type="checkbox"/>		
e. Accurately distinguish receipts and disbursements attributable to the grant from those non-attributable?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
f. Have receipts/vouchers/source documents for each purchase or expenditure?	<input type="checkbox"/>	<input type="checkbox"/>		
g. Have receipts/vouchers consistent with ledger, histories and expenditure reports?	<input type="checkbox"/>	<input type="checkbox"/>		
h. Accurately track and monitor expenditures by budget line item?	<input type="checkbox"/>	<input type="checkbox"/>		

Volunteer Tennessee Monitoring of AmeriCorps Programs

Does the program	Yes	No	Comments	AmeriCorps Provision
i. When required, obtain written approval from CNCS grants officer for budget changes?	<input type="checkbox"/>	<input type="checkbox"/>		
j. Keep administrative costs charged to CNCS within the 5% cap?	<input type="checkbox"/>	<input type="checkbox"/>		V.C.
k. Ensure that grant funds do not inappropriately supplant or duplicate other funds?	<input type="checkbox"/>	<input type="checkbox"/>		
l. Obtain CNCS prior approval for equipment purchases when required.	<input type="checkbox"/>	<input type="checkbox"/>		
m. Meet matching requirements?	<input type="checkbox"/>	<input type="checkbox"/>		
n. Accurately document and track cash matching contributions?	<input type="checkbox"/>	<input type="checkbox"/>		
o. Accurately document and track in-kind matching contributions?	<input type="checkbox"/>	<input type="checkbox"/>		
p. Have vouchers for in-kind contributions?	<input type="checkbox"/>	<input type="checkbox"/>		
q. Have checks signed by someone who is not involved in their preparation?	<input type="checkbox"/>	<input type="checkbox"/>		
r. Reconcile monthly bank statements?	<input type="checkbox"/>	<input type="checkbox"/>		
s. Have member time and attendance records signed by individual and supervisor or oversight official?	<input type="checkbox"/>	<input type="checkbox"/>		
t. Do signed staff time and attendance records indicate time spent on various activities such as AmeriCorps grants, other projects, other activities such as organizational management and general administrative, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
u. Track total program training hours and stay within 20% cap?	<input type="checkbox"/>	<input type="checkbox"/>		
v. Withhold personal income tax and FICA from member living allowance?	<input type="checkbox"/>	<input type="checkbox"/>		
w. Distribute living allowance appropriately?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.1.

	Does the program	Yes	No	Comments	AmeriCorps Provision
x.	Stay within the daily maximum rate for consultants?	<input type="checkbox"/>	<input type="checkbox"/>		
y.	Have accounting records consistent with information on FSRs?	<input type="checkbox"/>	<input type="checkbox"/>		

II. State-Specific and Other Financial Requirements

	Does the program	Yes	No	Comments
a.		<input type="checkbox"/>	<input type="checkbox"/>	
b.		<input type="checkbox"/>	<input type="checkbox"/>	

III. Follow-Up and Support (ask program staff questions below)

- Are there any aspects of the financial requirements that are confusing to you? Do you need more information or support to comply in this area?

- Is there anything that the State Commission could do better or differently to support you in meeting your financial requirements?

MODULE D:
PROGRAM MANAGEMENT REVIEW
On-Site Visit

- I. Policies & Procedures**
- II. Follow-Up & Support**

Module D: Program Management

Instructions

Note: The individual(s) completing this form need(s) to be familiar with AmeriCorps grant requirements. To facilitate review of such requirements, each item is referenced to the appropriate requirement.

For Self-Assessment:

1. The program director or other senior staff should complete this form.
2. Complete this form based on knowledge of the program's operations.

For Outside Reviewer:

1. Complete Section I in its entirety. You may need to answer question four after completing the form.
2. Complete the remainder of the module from the information gathered from interviewing the project director and/or other program staff, from checking documentation and, where applicable Members and/or community partners. This form should not be administered as a quick yes/no interview. The interviewer should probe, check documentation, confirm with others regarding policies and make their own judgment whether the program is in compliance.
3. If you would like to streamline the process, select every second or third item in Section II. Note which items you did not review by checking the appropriate box.
4. Ask the program director the questions in Section III and complete section in its entirety.

Background Information

1. Commission Name:	2. Name(s) of person(s) providing information:
---------------------	--

3. Name and title of person(s) completing this form:	4. Date(s):	5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment
--	-------------	--

6. This form contains information collected from interviewing, conversing with and/or observing:	
<input type="checkbox"/> Board Member(s) <input type="checkbox"/> Member supervisor(s) from partner organization(s) <input type="checkbox"/> Other stakeholder(s):	<input type="checkbox"/> Member(s) <input type="checkbox"/> Program staff

I. Policies and Procedures

Does the program	Yes	No	Comments	AmeriCorps Provisions
a. Have a local recruitment plan that encourages diversity?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Support members in getting GED and in post-service educational transition?	<input type="checkbox"/>	<input type="checkbox"/>		
c. Encourage, but not require, members to vote and allow members time to vote with no penalty?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.7.
d. Allow members to serve on a jury and serve in the Armed Forces Reserves with no penalty?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.8. IV.D.10.
e. Promptly notify changes to child and health care providers?	<input type="checkbox"/>	<input type="checkbox"/>		IV.F.4.
f. Comply with the Drug-Free Workplace Act?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.3.
g. Ensure that it does not supplant or duplicate services or displace employees?	<input type="checkbox"/>	<input type="checkbox"/>		
h. Have policies to ensure that members do not engage in prohibitive activities?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.2.c.

Obtain written approval of changes from i. Commission or CNCS Grants Officer when required?	<input type="checkbox"/> <input type="checkbox"/>	
j. Demonstrate that it is on-track in terms of meeting its objectives?	<input type="checkbox"/> <input type="checkbox"/>	
k. Ensure that members are primarily engaged in activities as described in the cooperative agreement?	<input type="checkbox"/> <input type="checkbox"/>	
l. Use AmeriCorps logo and participate in AmeriCorps events?	<input type="checkbox"/> <input type="checkbox"/>	
m. Provide member orientation that enhances member security and sensitivity to the community, and covers their risks and responsibilities?	<input type="checkbox"/> <input type="checkbox"/>	
n. Provide pre-service and on-going training that ensures that members are adequately skilled to perform their service?	<input type="checkbox"/> <input type="checkbox"/>	

II. Follow-Up and Support (ask program staff questions below)

1. Are there any aspects of the policies/procedures requirements that are confusing to you? Do you need more information or support to comply in this area?

2. Is there anything else that the State Commission could do better or differently to support you in meeting your policies and procedures requirements?

**MODULE E:
PROGRAM EFFECTIVENESS REVIEW**

- I. Organizational Strength**
- II. Service Project Effectiveness**
- III. Member Experience**
- IV. Follow-Up and Support**

*This instrument can be used before or during site visits.
Please see instructions following.*

Module E: Program Effectiveness Review

Pre-Site or On-Site Visit

Instructions

This form can be used as survey, interview, focus group guide, or as a log for documenting observations and conversations from a site visit. If a survey, you may send it by mail in advance of your visit. Regardless of how it is used, the information from this form should be used to help:

- A. Determine whether the program meets minimum program effectiveness standards. The specific requirements that this module covers are as follows:

Program Effectiveness Requirements	AmeriCorps Provisions/Source(s)	Pertinent Question(s)
a. Assesses operations continually and makes changes to improve.	Pr. 37;45 CFR 2516.820a,a &b; and 2522.100b	II.2, II.3, II.4, III.4
b. Incorporates broad-based local input in program design, implementation and evaluation, and consults with local labor organizations.	Pr. 4; 2522.100d	II.1, III.4
c. Has a demonstrable direct benefit on community (that is valued by the community).	45 CFR 2522.100a	III.1, III.2, III.4
d. Strengthens community and encourages mutual respect and cooperation among diverse groups.	45 CFR 2522.100a	III.5, III.6
e. Promotes ethic of active and productive citizenship, public and community service and educational achievement in Members.	45 CFR 2522.540c	IV.1 IV.2

Please refer to the listed sources for more information on these requirements.

- B. Determine the overall effectiveness of the program beyond minimum requirements and identify areas where there can be further improvement.
- C. Validate policy and procedure compliance items, particularly if the instrument is used to collect information from individuals outside of AmeriCorps.

For Self-Assessment:

1. The program director or other senior staff should complete this form. This form can also be used as a self-assessment from a group of individuals (e.g. other staff, site supervisors) as a survey, group interview or focus group. Make responses confidential for better results. If there are barriers to free and open communication, consider administering it as an anonymous survey.

For Outside Reviewer:

1. Administer this form as a survey, interview, or use it a focus group guide or as a log for site visit notes. For most valid results this module should collect information from a variety of individuals including partners, Members and community members.
2. If you are using this form as a focus group guide, by-pass the closed-ended questions, or tabulate how many individuals give each of the responses.
3. Ensure that you capture information from at least Members and principal partners. For best results, capture information from representatives of the board, the local government, the private sector, beneficiaries and other stakeholders as well.
4. If you would like to streamline the process, use one or more of the following options:
 - a. Administer this module as a survey. For best results conduct the survey through the mail and review responses prior to a site visit.
 - b. In the case of an interview, or especially a focus group, ask only the questions that are of most interest.
 - c. Collect information only from Members and partners.

Notes:

Background Information

1. Name and title of person(s) completing this form:	2. Date(s):	3. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment
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4. This form being used as a:

- ☐ written survey (responses are from individual completing this form, whose name is listed above).
- ☐ interview.
- ☐ focus group guide.
- ☐ log of site visit observations and conversations.
- ☐ other:

5. This form contains information collected from (i.e., who is the survey respondent or interviewee, or who are the focus group participants, etc.):

Names:

☐ Board Member(s).

☐ Member(s).

☐ Member supervisor(s) from partner organization(s).

☐ Program staff.

☐ Other stakeholder(s):

I. Organizational Strength

- a. In what ways is the program's leadership strong?

How could program leadership improve?

- c. What are the strengths of the program's impact tracking?

How can the program improve its impact tracking?

II. Service Project Effectiveness

- a. In what ways does the program benefit those it serves and/or the community?

In what ways could the program better serve individuals and/or the community?

- b. How are members prepared and trained to serve the community?

How can member preparation and training be improved?

- c. In what ways is the program effective in soliciting and incorporating community input?

In what ways could the program improve ways to solicit and incorporate community input?

- d. In what ways does this program involve diverse individuals?

How could this program better recruit and involve diverse individuals?

III. Member Experience

- a. In what ways does this program foster educational achievement, service and citizenship in members?

In what ways could this program improve the educational achievement, service and citizenship impact it has on members?

- b. In what other ways does this program positively impact members?

In what ways could this program improve the other positive impacts it has on members?

IV. Follow-Up and Support

Is there anything else you would recommend to the program to increase its effectiveness?



VOLUNTEER TENNESSEE BOARD SITE VISITS

Volunteer Tennessee is the 25-member citizen board appointed by the Governor. This board qualifies Tennessee to receive federal funds for AmeriCorps from the Corporation for National & Community Service. Board members want to visit your program to check out their investment!

Benefits of Board member site visits to your program:

- ✓ Raise the profile of your program within your agency or institution.
- ✓ Recognize AmeriCorps members.
- ✓ Give members a chance to reflect, celebrate and demonstrate.
- ✓ Get local media attention.
- ✓ Develop an outside champion for your program who may be able to help with advocacy and/or funding.
- ✓ Use the opportunity to invite state and/or federal legislators and other stakeholders to attend the site visit and see your program.
- ✓ Get your good work recognized and appreciated!

Steps for hosting a visit:

- ❑ Think about when your AmeriCorps members could best show off what they do. If possible, arrange for the Board member(s) to see your AmeriCorps members in action. Work with members to develop a 10-15 minute presentation that explains your program. How has the community changed as a result of AmeriCorps? How have the members changed? Can you include a visit with a service recipient who has a particularly compelling story about your program's benefits to the community?
- ❑ Alert your agency executive director and site supervisors.
- ❑ Call your assigned Board member(s) to schedule the visit. **It is your responsibility as the program director to make the first call and to keep calling until the site visit is confirmed with all of the board members assigned to your program.** If you have more than one board member assigned to your program, do your best to find a single date and time that will work for everyone. Make sure the time, location and directions are very clear and confirmed.
- ❑ Facilitate an invitation from your agency's board chair or other appropriate official to other VIP's, like your state and federal legislators. Be sure to coordinate this with your assigned Board member(s), because he/she may be the best person issue the invitation to other VIP's.
- ❑ Invite your local media, using the attached fill-in-the-blank media template.
- ❑ Send your Board member your most recent progress report, current year performance measures, recent media coverage and other descriptive information about your program.
- ❑ After the visit, ask the Board members for feedback to you and your members.
- ❑ Keep their business cards and call if they can help in the future.